

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / ☒ MR

FIRST

LARRY

MI

M

NICKNAME

LAST

MEDINA

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPT.  
05 APR - 7 PM 4:58

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

7404 PARKLAND  
EL PASO, TX 79925

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

771-7511

6 CAMPAIGN  
TREASURER  
NAME

MS / ☒ MRS / MR

FIRST

QUETA

MI

NICKNAME

LAST

FIERRO

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8612 WHITUS, EL PASO, TX 79925

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

778-0905

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

3 / 07 / 05

THROUGH

Month Day Year

04 / 06 / 05

11 ELECTION

ELECTION DATE

Month Day Year

5 / 07 / 05

ELECTION TYPE

☒ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

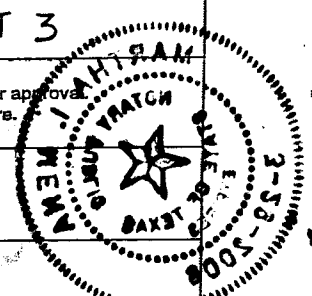
CITY COUNCIL DISTRICT 3

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code



GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

LARRY MEDINA

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3665.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 920.40

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

2744.60

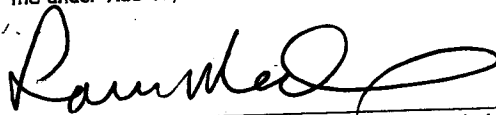
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

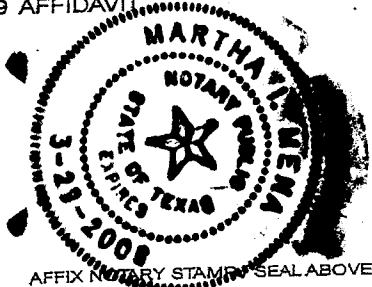
\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder



AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said

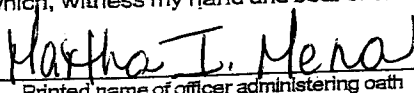
LARRY M. MEDINA

this the 7th day

of April 20 05, to certify which, witness my hand and seal of office.



Signature of officer administering oath



Printed name of officer administering oath



Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A***SEE ATTACHED LIST*

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:**2** FILER NAME*LARRY M. MEDINA***3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Full name of contributor☐ out-of-state PAC (ID#:**7** Amount of  
contribution (\$)**8** In-kind contribution  
description (if applicable)**6** Contributor address; City; State; Zip Code**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## SCHEDULE B

1 Total pages Schedule B:

3 ACCOUNT # (Ethics Commission filers)

LARRY M. MEDINA

4	TOTAL OF UNITEMIZED PLEDGES:
---	------------------------------

6a

9	In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

In-kind description  
(If applicable)

Pledge address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See Instructions)

In-kind description  
(if applicable)

Pledgor address; City; ~~State~~; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CAMP CONTR: 3/07/05 thru 4/06/05

Schedule: A

Filer: Larry M. Medina

Noel Rosenbaum  
405 Valplano  
El Paso, TX 79912  
3/19/05 \$500  
Teacher

Michael Aaronson  
7382 Remcon Circle  
El Paso, TX 79912  
3/20/05 \$1000  
Attorney

Rolando Legarreta  
945 S. Mesa Hills  
El Paso, TX 79912  
3/23/05 \$250  
Engineer

Ruth Reyes  
1013 Montana  
El Paso, TX. 79902  
3/28/05 \$500  
Attorney

Fermin Acosta Jr.  
1334 Loma Verde  
El Paso, TX 79936  
3/28/05 \$100  
Credit Union

Grace Rosales  
8528 Mineola  
El Paso, TX 79925  
3/28/05 \$100

W.G. Newton  
8704 Grover  
El Paso, TX 79925  
3/28/05 \$100  
Retired

Martha Mena  
1750 Crested Quail  
El Paso, TX 79936  
3/28/05 \$100  
Accountant

Victor Enciso  
1901 N. Brown  
El Paso, TX 79902  
3/28/05 \$200  
Engineer

Henry Mesa  
12300 Lucy Acosta Way  
El Paso, TX 79936  
3/28/05 \$25

James Wylly  
11940 Pueblo Dormido Way  
El Paso, TX 79936  
3/28/05 \$25



**CAMP CONTR: 3/07/05 thru 4/06/05**

**Schedule: A**

**Filer: Larry M. Medina**

Angelica Rosales  
108 Madeline  
El Paso, TX 79902  
3/28/05 \$50  
Director of a non-profit

Ramiro & Belen Robles  
3336 Fillmore  
El Paso, TX 79930  
3/28/05 \$50  
Retired

Robert Blumenfeld  
6440 Calle Vista  
El Paso, TX 79912  
3/28/05 \$200  
Attorney

Jan Engels  
2219 King James Place  
El Paso, TX 79903  
3/28/05 \$20

Peggy Janosek  
617 Laramie River  
El Paso, TX 79932  
3/28/05 \$20

Blanche Darley  
2008 Atlanta  
El Paso, TX 79902  
3/28/05 \$25

Alfonso Perez  
10562 Tomwood  
El Paso, TX 79925  
3/28/05 \$100  
Realtor

Patricia Martinez  
2120 Escarpa  
El Paso, TX 79935  
3/28/05 \$300

**Total Contributions: \$3665**





## LOANS

## SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

LARRY M. MEDINA

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

SEE ATTACHED LIST

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

LARRY M. MEDINA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CAMP EXP 3/07/05 thru 4/06/05  
SCHEDULE F  
Filer: Larry M. Medina

City of El Paso  
El Paso, TX 79901  
3/07/05 \$250  
Filing Fee

City of El Paso  
El Paso, TX 79901  
3/08/05 \$28.50  
Maps

ABC Party World  
5044 Doniphan  
El Paso, TX 79922  
3/09/05 \$109.21  
Supplies & gifts for Senior Citizens

Office Depot  
801 Sunland Park  
El Paso, TX 79912  
3/09/05 \$60.98  
Office Supplies

J.A. Barcena  
7245 Copper Queen  
El Paso, TX 79915  
3/24/05 \$90.00  
In-Kind: Stickers

Office Depot  
Basset Center  
El Paso, TX. 79925  
3/28/05 \$35.65  
Copies

Elvia Hernandez  
4141 West City Ct.  
El Paso, TX 79902  
3/28/05 \$149.37  
Reimb: Senior Citizen cake, flowers, gas

Andale Restaurant  
9201 Gateway West  
El Paso, TX 79925  
3/28/05 \$196.69  
Reception Food & Beverages

TOTAL EXPENSES: \$920.40



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

LARRY M. MEDINA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

LARRY M. MEDINA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## SCHEDULE I

1 Total pages Schedule I:

3 ACCOUNT # (Ethics Commission filers)

LARRY M. MEDINA

4	Date	5	Payee name	8	Amount (\$)
		6 Payee address; City; State; Zip Code			
		7 Purpose of expenditure (See instructions regarding type of information required.)			

Date	Payee name	Amount (\$)
	<div data-bbox="269 831 1130 840" style="border-bottom: 1px dotted black; padding-bottom: 5px;"> Payee address;                      City;   State;   Zip Code </div>	
	<div data-bbox="269 840 1130 848" style="border-top: 1px solid black; padding-top: 5px;"> Purpose of expenditure (See instructions regarding type of information required.) </div>	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	<div data-bbox="254 1388 1118 1396" style="border-bottom: 1px dotted black; margin-bottom: 5px;">Payee address; City; State; Zip Code</div>	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address;                      City;   State;   Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Printed on recycled paper

# CREDITS (optional)

## SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME

LARRY M. MEDINA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED